

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 101589817 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
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45						
46						
47						
48						
49						
50						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.			←	←	←	
TOTAL CLAIMS			[REDACTED]	[REDACTED]	[REDACTED]	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55			&			
56						
57			1			
58						
59						
60						
61						
62			1			
63						
64			1			
65						
66						
67			1			
68						
69			1			
70						
71			2			
72			3			
73			4			
74			5			
75			6			
76			7			
77			8			
78			9			
79			10			
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92					1	
93					1	
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			6		4	
TOTAL DEP.			70		16	
TOTAL CLAIMS			[REDACTED]	[REDACTED]	[REDACTED]	